

Attachment A6 - Questionnaire

Questionnaire by Technical Qualification Category <input type="checkbox"/> You must answer each question for each mandatory bid component if applicable. <input type="checkbox"/> For yes or no questions, you must answer either yes or no. Comments may be submitted to support the answer. All yes or no responses, other answers, and any supporting comments will be incorporated by reference as an addendum to the final contract, if awarded.	Insured Medicare Advantage Plan Private Fee for Service—Mandatory Bid Component #1	Self-Funded Medicare Eligible Health Plan for Participants Without Part A—Mandatory Bid Component #2
A6.1 Private Fee For Service Provider Access and Balance Billing Issues:		
A6.1a Must a KTRS participant go to a provider that accepts Medicare and accepts your Private Fee For Service plan in order to avoid balance billing?	Yes or No	Yes or No
A6.1b If a provider accepts Medicare assignment and treats a Private Fee For Service participant, can the participant be balance billed?	Yes or No	Yes or No
A6.1c If a provider does not accept Medicare and/or a Private Fee For Service plan, will you pay the provider at the Medicare reimbursement level and then the provider could bill our participant up to the statutory level? Please explain statutory level.	Yes or No	Yes or No
A6.1d Since the qualified bidder's Medicare Advantage Private Fee For Service plan must be an awarded Medicare bidder in KY for 2007 to offer this product, confirm that your plan can cover participants in all 50 states.	Yes or No	Yes or No
A6.1e Confirm that participants residing in any state can go to any provider that accepts Medicare and your Private Fee For Service plan.	Yes or No	Yes or No
A6.1f For providers accepting Medicare and your plan, does Medicare and/or your plan subject the provider to any form of provider quality management techniques? If yes, please explain and include any of the following in your answer if applicable: <input type="checkbox"/> Describe any process for monitoring the volume of services of individual providers. <input type="checkbox"/> Indicate institutional quality indicators that are currently tracked such as nosocomial infections, unanticipated return to surgery, inpatient mortality, readmissions within thirty days of discharge, and surgical complication rates. What action is taken for outliers? <input type="checkbox"/> Describe any evaluation of behavioral health outcomes or substance abuse outcomes. <input type="checkbox"/> Describe any methodologies used to credential physicians. <input type="checkbox"/> Describe any quality assurance committee. <input type="checkbox"/> Describe any continuous quality improvement process utilized in enrollment procedures or appointment scheduling. <input type="checkbox"/> Describe any full (with commendation or with recommendation for improvement) or provisional accreditation by the National Committee for Quality Assurance or other	Yes or No	Yes or No

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nationally recognized organization.		
A6.1g In your experience, with limited exception, confirm that most providers that accept Medicare assignment accept Medicare Advantage-Private Fee For Service since they are paid at the same Medicare reimbursement level.	Yes or No	
A6.1h List all 2006 Medicare awarded states for the Private Fee For Service plan only.	List	
A6.1i List all 2007 Medicare states bid and/or awarded for the Private Fee For Service plan only.	List	
A6.1j List all 2006 KY counties awarded by Medicare for the Private Fee For Service plan only.	List	
A6.1k List all 2007 KY counties bid and/or awarded by Medicare for the Private Fee For Service plan only.	List	
A6.1l What is the first year that you offered Medicare Advantage Private Fee For Service plans?	Year	
A6.1m What year did you start offering Medicare Advantage Private Fee For Service plans in KY?	Year	
A6.1n Any willing provider or a deemed provider must acknowledge acceptance of your Private Fee For Service plan each time they see a KTRS participant?	Yes or No	
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A6.2 Customer Service for our Participants and KTRS:		
A6.2a Our participants phone calls will be answered in what city and state? Do any of your CSRs work from their personal residence?	City and State Yes or No	City and State Yes or No
A6.2b Confirm that KTRS participant phone calls will be handled by a group of customer service representatives that is dedicated to the Group Medicare Advantage Private Fee For Service plans.	Yes or No	Yes or No
A6.2c What are your customer service hours of operation with a toll-free number? Please supply your answer in Eastern Standard Time only. How are calls “after hours” of operation		

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handled?		
A6.2d How many Customer Service Representatives handle the Medicare Advantage Private Fee For Service Plans?		
A6.2e Confirm that KTRS will be assigned a multidisciplinary account team experienced with the Medicare Advantage Private Fee For Service product and third party administration that must be made up of at least eight persons, including a lead person for implementation of both mandatory bid components, a lead person for ongoing strategical matters, a lead person for daily customer service, claims, and eligibility operation issues, an information technology specialist, a clinical person, a financial person, an actuary, and an attorney.	Yes or No	Yes or No
A6.2f Provide names, addresses, phone numbers, email addresses, and the biographies that describe the professional and health insurance related experience for the eight team members in A6.2e above.	Provide biography	Provide biography
A6.2g KTRS shall execute its responsibilities by following and applying at all times the highest professional and technical guidelines and standards. If KTRS becomes dissatisfied with the work product of or the working relationship with those individuals assigned to work on this contract, confirm that KTRS may request in writing the replacement of any or all such individuals, and that such request will be granted.	Yes or No	Yes or No
A6.2h Will the account team be able to meet quarterly, or more often if necessary with KTRS Insurance Dept and Executives to discuss strategical, operational, and quality issues?	Yes or No	Yes or No
A6.2i A subcontractor cannot be used in offering the two plan components which are the Medicare Advantage Plan and the self-funded Medicare Eligible Health Plan; however, smaller functions within the two plan components such as subrogation or COBRA administration may be subcontracted. Please list any planned or proposed use of subcontractors, including the names of the subcontractors. Confirm that any subcontractor will work through and submit reports through our account team, and KTRS will not have to deal directly with any subcontractor.	List	List
A6.2j Does your customer service operation make use of answering machines or interactive voice response units? If so, does IVRU give an obvious option to select to speak to a CSR?	Yes or No	Yes or No
A6.2k What was your percentage of staff turnover for claims examiners and customer service representatives in 2005 and 2004 at the claims office that will be assigned this account?		
A6.2l Does your customer service area use a dedicated on-line call tracking and documentation system? If yes, list the characteristics of the system including date of initial call, date inquiry closed, representative who handled call, call status, if and where an issue	Yes or No	Yes or No

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was referred for handling, reason for call, and what was communicated to the participant. Will KTRS receive annual reports, at a minimum?		
A6.2m Will you provide a detailed administration manual unique to both plan requirements delivered 30 days before the effective date and will you provide on-site training with the entire KTRS Insurance Division.	Yes or No	Yes or No
A6.2n Do you provide any specialized training for your customer service representatives related to dealing with a senior population, such as etiquette, sensitivity, and aging population issues? Please describe or give examples.	Yes or No	Yes or No
A6.2o Do you sometimes record participant calls for training purposes?	Yes or No	Yes or No
A6.2p Confirm that a Power of Attorney can discuss personal health information with CSR on behalf of participant.	Yes or No	Yes or No
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A6.3 Eligibility and Enrollment Including Implementation, Note that Passive Enrollment Capabilities Are a Minimum Requirement:		
A6.3a Explain enrollment and disenrollment procedures/restrictions with both bid components.	Explain	Explain
A6.3b KTRS currently transfers all participants that are enrolled in the under 65 plan and who are turning age 65 automatically and electronically to our Medicare Eligible Health Plan without completion of enrollment forms. Will your methodology continue to allow this under both bid components?	Yes or No	Yes or No
A6.3c Confirm that for disenrollments prior to the effective date, the participant can cancel their enrollment and while no signature is required, you must speak to the participant or their Power of Attorney.	Yes or No	Yes or No
A6.3d Confirm that for disenrollments after the effective date, the participant sends in a disenrollment request that must be signed by the participant or the participant's Power of Attorney. When a completed and signed disenrollment request has been received, the	Yes or No	Yes or No

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disenrollment will be processed for the end of the month in which the request was received.		
A6.3e KTRS' annual open enrollment period is from November 15 th to December 31 st for the effective date of coverage of January 01. Will these dates present any problem with the mandatory bid components? Confirm that you will participate in open enrollment meetings if necessary.	Yes or No	Yes or No
A6.3f Please describe your electronic group enrollment process.	Describe	Describe
A6.3g KTRS desires a very efficient and effective electronic data interchange related to eligibility and enrollment that must be submitted monthly to coincide with our internal pension payroll dates. Will this be a problem for either bid component?	Yes or No	Yes or No
A6.3h Please supply a copy of both electronic record layouts for both bid components.	Supply	Supply
A6.3i Confirm that both record layouts are HIPAA compliant shared between KTRS and the awarded bidder and between the awarded bidder and Medicare.	Yes or No	Yes or No
A6.3j Please supply your full implementation plan for both mandatory bid components starting as of October 01, 2006 for an effective date of January 01, 2007. This should identify all tasks, critical events, deadlines, and whether you, KTRS, or Medicare is the responsible party for the task or critical event.	Supply	Supply
A6.3k Will the KTRS database system be considered the system of record for monthly eligibility?	Yes or No	Yes or No
A6.3l If there is a health insurance coordination/coordinator error, may a participant be assigned a retroactive effective date?	Yes or No	Yes or No
A6.3m Confirm that KTRS will control the eligibility dates, enrollment dates, and disenrollment dates.	Yes or No	Yes or No
A6.3n Explain your data exchange with Medicare and how or if this allows you to track a participant's Medicare eligibility for Parts A, B, and C.	Explain	Explain
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A6.4 Claims Adjudication, Claims Administration, and Plan Design:		

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A6.4a Will all copayments and deductibles be part of the annual out-of-pocket limits as currently the outpatient surgery copayment is not?	Yes or No	Yes or No
A6.4b If a participant is not or stops paying their Part B premium, can they be converted to the self-funded Medicare Eligible Health Plan where their benefits are paid as if they had Part B or, in other words, assume Part B when benefits are considered for payment, meaning that the participant is paying for what Medicare Part B would have covered?	Yes or No	Yes or No
A6.4c Since the current KTRS plan design pays secondary only when Medicare pays primary, and denies claims payment when Medicare denies, are there any exceptions under either bid component that would be exercised when adjudicating KTRS claims that would cause the plan to be less generous?	Yes or No	Yes or No
A6.4d We do not currently sponsor supplemental dental, hearing, or vision plans, and have no intent to do so. Please confirm that both mandatory bid components do not include supplemental vision, hearing or dental plans and that your cost bid reflects the exclusion of such.	Yes or No	Yes or No
A6.4e Confirm that the current and entire KTRS Summary Plan Description exclusive of the Prescription Drug Plan section, will be the complete foundation for our plan design under both mandatory bid components, especially pages 8, 9, 10, and 11. The entire KTRS Summary Plan Description is located at http://www.ktrs.ky.gov/o65-medinfo/2006-MEHPBooklet.pdf .	Yes or No	Yes or No
A6.4f Describe the claims adjudication process for those claimants with End Stage Renal Disease under both mandatory bid components before and after the first 30 months.	Describe	Describe
A6.4g How do you determine who has End Stage Renal Disease?		
A6.4h How would your plan coordinate with other plans through retirement/employment, spouse's retirement/employment, etc.?		
A6.4i Confirm that no preexisting conditions will be excluded under either mandatory bid component.	Yes or No	Yes or No
A6.4j Describe in detail all recovery initiatives under both bid components including overpayment audits, subrogation, coordination of benefits, and class action lawsuits.	Describe	Describe

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A6.4k Is your typical clean claim payment turnaround time less than 15 days from date of receipt?	Yes or No	Yes or No
A6.4l Will KTRS have a dedicated claims processing unit and what is the location (city and state)?	Yes or No	Yes or No
A6.4m What percentage of your claims are auto-adjudicated?		
A6.4n Do you review claims for billing irregularities by a provider, such as regular overcharging patterns, unbundling of procedures, upcoding, or billing for inappropriate care for stated diagnosis, etc.? Please explain your answer.	Yes or No	Yes or No
A6.4o Can you process international claims including computing currency conversion?	Yes or No	Yes or No
A6.4p Please explain how you will handle transition of care.	Explain	Explain
A6.4q Must a provider bill your plan within 360 days of providing services, and a Fiscal Intermediary or Part B Carrier will not be used?	Yes or No	Yes or No
A6.4r Please describe the hospital pre-certification requirements that would be applicable to both mandatory components. It is important to KTRS that whatever pre-certification rules or any rules that exist for one plan component must exist for the other. It is pertinent that these two separate groups not be exposed to rules or requirements that are different. Those without Part A should not be penalized in any way because they have worked their whole life as a teacher and have not paid enough into the Medicare fund. Confirm this.	Describe	Describe
A6.4s Do you have a dedicated internal audit staff?	Yes or No	Yes or No
A6.4t On average, what percentage of all claims are audited? What percentage of KTRS claims will be audited?		
A6.4u How are claims selected for audit and do you use a statistically significant sample for all audits?		
A6.4v Do you provide Medicare Crossover services for both Parts A and B of Medicare?	Yes or No	Yes or No

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A6.5 Array of Senior Focused Care Management Programs Including Disease Management, Case Management, Wellness Programs, Preventative Care, Education Programs, 24 Hour Nurse Line, and Fitness Programs (All of These Services Are Minimum Requirements and Must Be Included in the Total Cost Proposal under the single per participant per month charge for both mandatory bid components):		
<p>A6.5a Since on an average, 19% of the population is responsible for 55% of the costs, describe your senior focused disease management programs in detail. This description must include the number of full time equivalent registered nurses and doctors that would be providing disease management programs to the KTRS participants and their standard caseload. How will you screen eligibility for participation? What elements are used to identify or trigger participation? Will health risk appraisals be used? Please confirm that this full program is included in the total cost proposal under the single per participant per month charge for both mandatory bid components. How long have these programs been operational, and are they operational in the office you are proposing for this business? Is your program an opt out or an opt in program? Provide a sample client report for tracking this program.</p>	Describe	Describe
<p>A6.5b Since on an average, 1% of the population is responsible for 28% of the costs, describe your senior focused case management programs in detail including the review of high cost claimants. This description must include the number of full time equivalent registered nurses and doctors that would be providing case management programs to the KTRS participants and their standard caseload. How will you screen eligibility for participation? What elements are used to identify or trigger participation? Will health risk appraisals be used? Please confirm that this full program is included in the total cost proposal under the single per participant per month charge for both mandatory bid components. How long have these programs been operational, and are they operational in the office you are proposing for this business? Is your program an opt out or an opt in</p>	Describe	Describe

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program? Provide a sample client report for tracking this program.		
A6.5c Describe your 24 Hour Nurse Line available for seniors. How many full time equivalent registered nurses will be available for KTRS participant calls? Please confirm that this full program is included in the total cost proposal under the single per participant per month charge for both mandatory bid components. Provide a sample client report for tracking this program. Also, confirm that the service shall be staffed by registered nurses and/or physicians trained to give medical information and to assess the urgency of the caller's situation and recommend an appropriate course of action, including a doctor visit, or emergency care, or the lack of necessity for either.	Describe	Describe
A6.5d Describe your preventative care programs for seniors. How will your plan compliment and add to the recent preventative coverage additions by traditional Medicare? Please confirm that this full program is included in the total cost proposal under the single per participant per month charge for both mandatory bid components. Provide a sample client report for tracking this program.	Describe	Describe
A6.5e Describe your wellness programs for seniors. Can you administer and monitor a health risk appraisal for our population, both web based and paper based? Please confirm that this full program is included in the total cost proposal under the single per participant per month charge for both mandatory bid components. Provide a sample client report for tracking this program.	Describe	Describe
A6.5f Describe your fitness programs and discounts for seniors. Please confirm that this full program is included in the total cost proposal under the single per participant per month charge for both mandatory bid components. Provide a sample client report for tracking this program.	Describe	Describe
A6.5g Describe your educational materials and distribution schedule for seniors, including any education on consumerism. Supply samples of this material. Please confirm that this full program is included in the total cost proposal under the single per participant per month charge for both mandatory bid components.	Describe	Describe
A6.5h Describe specifically how your care programs under both mandatory bid components would allow KTRS to have a more managed care program as compared to traditional Medicare?	Describe	Describe
A6.5i Describe what is available for seniors on your website. How specifically is your program structured for seniors who do not access or do not have access to the internet?	Describe	Describe
A6.5j Describe your utilization review methodologies that would be applied to the KTRS participants. Do you perform any concurrent or retrospective utilization review other than	Describe	Describe

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that required by Medicare? How will you track overuse, underuse, misuse, incorrect use, and inappropriate use of medical services.		
A6.5k Do you make regular recommendations to your clients for program improvements based on your evaluation of the client's cost and utilization trends? If so, give examples of the types of recommendations made.	Yes or No	Yes or No
A6.5l Do you have an assistance program? If so, please describe. Please confirm that this full program is included in the total cost proposal under the single per participant per month charge for both mandatory bid components.	Yes or No	Yes or No
A6.5m Confirm that you will send at least one wellness educational representative to the annual conferences of the Kentucky Retired Teachers Association and the Kentucky Education Association-Retired, as well as all of their respective workshops at the district level.	Yes or No	Yes or No
A6.5n Each mandatory bid component must be the same in regards to plan design. How will your plan handle routine physical exams for both plan components?		
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A6.6 Information Systems and Reporting Capabilities:		
A6.6a Confirm that KTRS will receive full claims detail in Excel at the end of each calendar quarter. The fields are to be all fields captured or calculated by the awarded bidder's database, including but not limited to, patient name, identification number, relationship code, date of birth, gender, treating provider name, provider identification number, provider address, provider zip code, principal procedure or service, diagnosis, date of service, admission type, discharge date, emergency room indicator, ICU indicator, total charges, total allowed, participant payments, net plan payments, subtotal for ancillary charges, subtotal for room and board charges, subtotal for physician charges, and amount of provider discounts.	Yes or No	Yes or No
A6.6b Describe in detail your standard battery of reports for both mandatory bid components and supply a sample copy of each standard report. Confirm that your standard battery of reports includes the following: <ul style="list-style-type: none"> <input type="checkbox"/> Participation and demographics 	Describe	Describe

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<ul style="list-style-type: none"> <input type="checkbox"/> Cost (actual, expected, projections, trends, and comparisons) <input type="checkbox"/> Utilization and cost experience by provider and by service for each plan <input type="checkbox"/> Ten most common and ten most expensive diagnoses in each plan <input type="checkbox"/> Ten most common and ten most expensive medical procedures in each plan <input type="checkbox"/> Track utilization of inpatient and outpatient services <input type="checkbox"/> Track hospital admissions <input type="checkbox"/> Comparison statistics to relevant portions of your book of business and normative data <input type="checkbox"/> Median cost per hospital stay and diagnoses <input type="checkbox"/> List of the most costly claims by primary diagnoses <input type="checkbox"/> Humanistic and clinical outcomes 		
A6.6c Describe in detail your ability to customize client reports for both mandatory bid components and supply sample copies of certain customized reports.	Describe	Describe
A6.6d Confirm that KTRS will be supplied the necessary reports and information to allow them to calculate necessary loss ratios including subsidy amounts received from Medicare compared to actual claim amounts paid on behalf of KTRS.	Yes or No	Yes or No
A6.6e Describe your automated claims payment system and all the automated edits, warning edits, and automated features that assist in lowering human claim examiner error.	Describe	Describe
A6.6f Describe how the claims adjudication, customer service, case management, disease management, and utilization review systems are linked?	Describe	Describe
A6.6g Are you willing to receive or supply regular data feeds from or to our carved out PBM in order to allow data integration in the form of combined medical and Rx reporting capabilities?	Yes or No	Yes or No
A6.6h Can your customer service representatives access claims status on-line real time?	Yes or No	Yes or No
A6.6i Please detail the services available on your client internet portal, including claim inquiry, benefit/eligibility inquiry, enrollment, health content and information, forms, healthcare cost estimator, check register, utilization reports, invoice review inquiry, financial reports, ID card ordering, customer service inquiry, and client administration manual.	Detail	Detail
A6.6j Will KTRS be able to make eligibility changes online if needed or desired on an individual basis?	Yes or No	Yes or No
A6.6k Please detail the services especially the decision support tools available on your participant internet portal, including claim inquiry, benefit summary, print temporary ID card, request ID card, customer service inquiry, enrollment, health content and information, health risk assessment, healthcare cost estimator, health coach, forms, and review benefit	Detail	Detail

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eligibility. Track participant usage of the website. Please describe the data security pertaining to your web services. How specifically will you protect the personal health information of our participants? May our participants or their Power of Attorney access this same information via a phone call to one of your customer service representatives?		
A6.6l Is there an additional charge for ad hoc reports?	Yes or No	Yes or No
A6.6m For the Medicare Advantage Plan, confirm that monthly premium discrepancy reports are to be provided. And, confirm that no participant coverage shall be affected by your failure to reconcile premium payments. And, confirm that you will provide a listing of all enrollments and disenrollments on a monthly basis.	Yes or No	
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A6.7 Appeals and Grievances, COBRA/HIPAA Administration, Department of Labor and Other Compliance Issues:		
A6.7a May a participant obtain an advance coverage determination without an extra charge to KTRS?	Yes or No	Yes or No
A6.7b Are your appeals and grievance procedures in compliance with all Medicare and Department of Labor standards?	Yes or No	Yes or No
A6.7c Describe your entire appeals and grievances procedure.	Describe	Describe
A6.7d Confirm that you will provide KTRS with a quarterly and yearly status report on appeals and grievances.	Yes or No	Yes or No
A6.7e Since KTRS does not fall under ERISA, but currently the Public Health Services Act, how will the awarded bidder, if any, handle the initial notice and election notice of COBRA, and the HIPAA evidence of coverage notice and the privacy notice under each mandatory bid component?		
A6.7f If a KTRS participant terminates coverage for a reason not covered by COBRA, KTRS does not desire to offer any type of individual plan extension and does not want to be charged for such extension. Confirm that KTRS does not have to offer any extension plans and will not be charged for such.	Yes or No	Yes or No

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A6.7g Have you been involved in any lawsuits regarding COBRA/HIPAA administration. If yes, please provide the general circumstances and the general outcome?	Yes or No	Yes or No
A6.7h Given that a plan sponsor is liable for not only its own violations of COBRA and HIPAA but also the violations by a third party vendor, will you consent to a Hold Harmless agreement where your company will assume all legal liability for correct COBRA and HIPAA administration?	Yes or No	Yes or No
A6.7i Confirm that you will prepare and mail HIPAA Certificates of Creditable Coverage upon termination of coverage or when requested by former plan participants at no cost to the participants or to KTRS.	Yes or No	Yes or No
A6.7j Confirm that your HIPAA Certificate of Creditable Coverage is in compliance with the latest federal regulations and/or safe harbor model notice. Please provide a sample.	Yes or No	Yes or No
A6.7k Explain how HIPAA Certificates of Creditable Coverage are distributed to qualified beneficiaries with a general timeline. How specifically do you document notification?		
A6.7l Confirm that you will prepare and mail COBRA initial notices and election notices at no additional cost to KTRS.	Yes or No	Yes or No
A6.7m Confirm that your COBRA initial notice and election notice are in compliance with the latest federal regulations and/or safe harbor model notices. Please provide a sample of each.	Yes or No	Yes or No
A6.7n Explain how COBRA initial notices and election notices are distributed to qualified beneficiaries with a general timeline. How specifically do you document notification?		
A6.7o Confirm that you are in compliance with HIPAA privacy and security regulations and that our participants protected health information will be treated in a manner that complies with both the privacy and security and transaction standards promulgated by HIPAA.	Yes or No	Yes or No
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A6.8 Participant Communications:		
A6.8a KTRS still desires to call the health plan, including both components, the KTRS Medicare Eligible Health Plan. Will this be a problem?	Yes or No	Yes or No
A6.8b Please supply samples of all Medicare required communications and senior focused communications, Summary Plan Descriptions, enrollment kits, welcome kits, etc.	Supply	Supply

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A6.8c Confirm that KTRS is not to be charged separately for printing and postage for all standard and Medicare required mailings.	Yes or No	Yes or No
A6.8d Confirm that KTRS will not be charged separately for the creation, production, printing, and postage of the Summary Plan Descriptions for both plan components.	Yes or No	Yes or No
A6.8e Confirm that you will be able to fully implement both programs and provide ID cards devoid of our participants' private Social Security Number before the effective date of the contract.	Yes or No	Yes or No
A6.8f Can you use KTRS' own unique identification number for ID cards? If so, can you also include our prescription plan information on ID card to allow one universal card?	Yes or No	Yes or No
A6.8g Can you allow KTRS' name and logo to be co branded on the ID card?	Yes or No	Yes or No
A6.8h Confirm that you will supply Explanation of Benefits forms to our participants based upon each payment to a provider, at no additional cost to them or to KTRS. Supply an example of your standard EOB.	Yes or No	Yes or No
A6.8i Confirm that the KTRS participants will be able to access or request annual benefit statements at no additional cost to them or to KTRS.	Yes or No	Yes or No
A6.8j Confirm that any participant communications will be devoid of the participants' confidential Social Security Number.	Yes or No	Yes or No
Questionnaire by Technical Qualification Category <ul style="list-style-type: none"> <input type="checkbox"/> You must answer each question for each mandatory bid component if applicable. <input type="checkbox"/> For yes or no questions, you must answer either yes or no. Comments may be submitted to support the answer. <p>All yes or no responses, other answers, and any supporting comments will be incorporated by reference as an addendum to the final contract, if awarded.</p>	Insured Medicare Advantage Plan Private Fee for Service—Mandatory Bid Component #1	Self-Funded Medicare Eligible Health Plan for Participants Without Part A—Mandatory Bid Component #2
A6.9 Future Strategies and Options to Offer KTRS and our Participants:		
A6.9a Do you have any Medicare Advantage Plans or do you administer any self-funded plans where the Part B or Part A premium is included and remitted to Medicare on behalf of the participant?	Yes or No	Yes or No

Attachment A6 - Questionnaire

A6.9b Do you have any Medicare Advantage Plans or do you administer any self-funded plans in which you are able to offer both regional and national PPO networks?	Yes or No	Yes or No
A6.9c Do you currently provide consulting services on Medicare strategies and future changes at the federal level including cost containment strategies?	Yes or No	Yes or No
A6.9d In the future, will you be able to provide Medicare Advantage PPO plans with a national network offering competitive discounted rates for participation by providers as a future option for KTRS?	Yes or No	Yes or No
A6.9e Are you currently or will you in the future be able to provide a self-funded Medicare Advantage Plan? This would require you to pass all Medicare subsidies and any form of Medicare remuneration directly to KTRS; KTRS would pay all actual claims costs directly to you; and, KTRS would pay you a per participant per month administrative fee for your third party administrative services and for your interfacing services as a contractual arm of Medicare. Medicare Advantage plans are generally required to provide all Medicare-covered benefits. Plans with costs below their Medicare payments must distribute savings to beneficiaries as lower plan premiums and copayments, additional benefits, or a reduction in Part B premiums; or plans can contribute to a reserve fund. If a plan's bid is higher than the applicable benchmark, the enrollee will pay the difference. If lower, 75% of the difference will go to the enrollee as extra benefits or as a rebate and the government will retain 25%.	Yes or No	Yes or No
A6.9f Will you be able to provide Medicare Advantage B only plans as a future option for the KTRS participants without Part A of Medicare? Is there any other Medicare solution that you would recommend for the participants without Part A of Medicare?	Yes or No	Yes or No
A6.9g Do you have a voluntary national network that could produce savings through discounted charges for our participants without Part A of Medicare?	Yes or No	Yes or No
Questionnaire by Technical Qualification Category <input type="checkbox"/> You must answer each question for each mandatory bid component if applicable. <input type="checkbox"/> For yes or no questions, you must answer either yes or no. Comments may be submitted to support the answer. All yes or no responses, other answers, and any supporting comments will be incorporated by reference as an addendum to the final contract, if awarded.	Insured Medicare Advantage Plan Private Fee for Service—Mandatory Bid Component #1	Self-Funded Medicare Eligible Health Plan for Participants Without Part A—Mandatory Bid Component #2
A6.10 Insurance Carrier Background, Financial History, References and other		

Attachment A6 - Questionnaire

A6.10a Please provide your company's background including years in business, years functioning as a third party administrator for self-funded plans, other areas of insurance expertise, diversification of products offered, and future revenue streams desired.		
A6.10b Please note that reference information must be describe in detail in the letter of transmittal. How many government clients do you have for MA and TPA services?		
A6.10c Please provide a copy of your latest audited financial statements.		
A6.10d Please provide your latest AM Best, Moody's and Standard & Poors ratings.		
A6.10e Please provide the declarations page detailing individual and aggregate limits for the following: <input type="checkbox"/> Professional Liability <input type="checkbox"/> Public Liability <input type="checkbox"/> Premises Liability <input type="checkbox"/> Workers' Compensation		
A6.10f This is your opportunity to describe or explain any element of your plans relative to the two mandatory bid components in which KTRS did not ask a specific question.		
A6.10g Please describe any changes in the organizational structure that have occurred in your organization over the last twelve months or are anticipated to occur in the next 24 months. This includes, but is not limited to demutualization, changes of ownership, addition/deletion of claim offices, addition/removal of product lines, and staff reductions.		
A6.10h Does your company have any current or pending litigation?	Yes or No	Yes or No
A6.10i Please provide a sample copy of your standard ASO agreement and a sample copy of your standard Medicare Advantage Private Fee For Service contract.		
A6.10j In regards to the self-funded bid component, will funds be requested from KTRS when a check is cut to a provider or cashed by the provider?		
A6.10k In regards to the self-funded bid component, what is the frequency for wire transfers for claim funding?		
A6.10l In regards to the self-funded bid component, do you require an initial deposit and/or imprest amount? If so, what is the amount? If not, what is your interest charge on negative cash flow for any delay of wire transfer?		Yes or No
A6.10m In regards to the self-funded bid component, do the banking reports reflect issued or cleared checks? Are you able to track, by date, which charges have cleared the bank?		Yes or No
A6.10n In regards to the self-funded bid component, KTRS will have fiduciary		Yes or No

Attachment A6 - Questionnaire

responsibility for claim processing, but are you able to accept fiduciary responsibility for claim processing? If so, is there an additional charge, and what is that charge?		
A6.10o Confirm that there are no minimum participation levels associated with either mandatory bid component. If there are, then please explain the minimum levels.	Yes or No	Yes or No
A6.10p Please list and disclose contract cancellations or negligent causes of action for 2004, 2005, or 2006 that arose from work performed that is the same or similar to work identified in both of the mandatory bid components of this RFQ.		
A6.10q Please confirm that you have a current disaster recovery plan and supply a hard copy of such.	Yes or No	Yes or No
A6.10r Since KTRS is a public agency, confirm that KTRS will not be used in any marketing strategies or news releases.	Yes or No	Yes or No
A6.10s Have you ever pulled out of a Medicare product? If yes, what was the product, when, and why?	Yes or No	Yes or No
A6.10t Are you involved in Kentucky's e-health network initiatives?	Yes or No	Yes or No
A6.10u Describe your involvement in efforts at both the KY and federal level to further automate the health care billing industry to reduce medical errors.		
A6.10v Describe your advocacy efforts at both the KY and federal level to contain health care costs.		
A6.10w For the Medicare Advantage plan, what is your retention a percentage of—total Medicare subsidies, total premium bid, actual claims costs, other?		